

⌘ WHITEHAVEN ⌘
RURAL DISTRICT COUNCIL.

.....

Annual ⌘ Report

OF

DR. J. B. FISHER,

MEDICAL OFFICER OF HEALTH,

WITH

TABULAR RETURNS OF MORTALITY, &c.,

FOR THE YEAR 1897.

WHITEHAVEN :

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TO THE WHITEHAVEN RURAL DISTRICT COUNCIL.

72, LOWTHER STREET,

WHITEHAVEN, *January 19th, 1898.*

Gentlemen,

I beg to submit my Annual Report for the year 1897, being the fourth since the formation of the Rural District Council, and the Fourteenth Annual Report made by me as Medical Officer of Health for the Rural Sanitary District, together with the usual tables shewing the number of births and of deaths from various causes and at different ages during the year, and a comparison of the birth and death-rates with those of the previous ten years.

The number of births registered during the year was four hundred and twenty-four—of which two hundred and sixteen were boys and two hundred and eight girls—which is equivalent to a birth-rate of 27·35 per thousand of estimated population per annum, being 3·36 below the average for the preceding ten years, which was 30·71 per thousand per annum. In the registration sub-district of Harrington there were two hundred and eighteen births—one hundred boys and one hundred and eighteen girls—equivalent to a birth-rate of 32·73 per thousand per annum; in that of St Bees one hundred and thirty-two births—seventy-six boys and fifty-six girls—equivalent to 24·72 per thousand per annum; whilst in the Egremont Rural sub-district there were sixty births—thirty-four boys and twenty-six girls—giving a birth-rate of 18·75 per thousand per annum.

The total number of deaths registered in your district during the year was two hundred and twenty-two, equivalent to a death-rate of 14·32 per thousand per annum, the average for the previous ten years being 17·17. Forty-three of these deaths, which occurred in the Workhouse and Galemire Hospital, were

those of persons not belonging to the district, thus reducing the actual death-rate of the district to 11·77 per thousand per annum. Of the three sub-districts, into which the district is divided for purposes of registration, the highest death-rate occurred in that of Harrington, the ninety-two deaths registered being equivalent to a death-rate of 13·81 per thousand per annum. In the Egremont sub-district there were thirty-seven deaths, equivalent to a death-rate of 11·56 per thousand per annum, and in that of St. Bees only forty-six deaths, or 8·61 per thousand per annum.

Of infants under one year there were during the year forty-seven death in the entire district, equivalent to a death-rate of 3·03, compared with an average of 3·46 per thousand per annum for the previous ten years. Of children under five years of age there were sixty-seven deaths, giving a death-rate of 4·32 per thousand per annum, against an average of 5·53 per thousand per annum for the previous ten years. Of persons over sixty-five years of age there were also sixty-seven deaths, or 4·32 per thousand, against an average of 5·19 per thousand per annum for the previous five years, during which the Senile death-rate has been reckoned on deaths of persons over sixty five years of age instead of persons over sixty years of age as it was previous to 1892. Thus it will be seen that the general death-rate of the district during 1897 was 2·85 below the average of the previous ten years, the death-rate of infants under one year 0·43, and that of children under five years of age 1·21 below the average for the previous ten years, whilst the death-rate of persons over sixty-five years of age was 0·87 below the average of the previous five years.

The death-rate from Zymotic diseases during the year shows a more satisfactory decrease, the thirteen deaths recorded from the principal Zymotic diseases being equivalent only to a death-rate of 0·83 per thousand per annum, which is 0·66 below the average of 1·49 for the previous ten years.

Of the thirteen deaths from Zymotic disease, six were due to Whooping Cough, five to Scarlet Fever, two of these, which occurred in Galemire Hospital, having been admitted from

another district, one to Diarrhœa, and one to Puerperal Fever. Of deaths from other classified diseases, as shown in Tables VII. and IX., one was due to Erysipelas, nine to Phthisis, thirty-two to Bronchitis, Pneumonia, and Pleurisy, fifteen to diseases of the Heart, and the relatively large number of fourteen to Injuries.

The number of cases of infectious disease notified during the year was one hundred and four, of which eighty-eight were cases of Scarlet Fever, thirty-five of these occurring in children under five years of age, and fifty-three above that age. Six cases of Scarlet Fever, which occurred in the Workhouse, were removed to Galemire Hospital, as were also four others in which there was no possibility of adequate isolation in their own homes. In one of these cases, where the parents refused to give their consent to the removal of the patient, a child aged six years, a Magistrate's order was obtained, and the patient removed to the Hospital at Galemire, where he made a good recovery, no further cases occurring in the house from which he was removed, though there was a large family of unprotected persons.

In my Annual Report for 1896 I expressed the opinion that it would be much to the advantage of the patients themselves, and in the best interests of the public health, if a larger number of cases of infectious disease, and especially of Scarlet Fever, were removed to Hospital, and referred to the reluctance shewn by many persons to have the patients taken to Hospital. This reluctance arises, it is true, from want of knowledge of the better accommodation and care bestowed on patients in Hospital than is possible in their own homes, and will, no doubt, disappear as people come to recognise the benefits derived; but this process of education is a discouragingly slow one, and meanwhile the present state of the law, with regard to compulsory removal to Hospital of persons suffering from any dangerous infectious disorder, is somewhat unsatisfactory, it being necessary, before obtaining a Magistrate's order for such removal, that the patient shall be certified, not only as suffering from that disorder, but also as being "without proper lodging or accommodation, or lodged in a room occupied by more than one family, or in a common lodging

house," and it is often a matter of great practical difficulty to say in what "proper lodging and accommodation" consists, for in many cases we find where the persons having charge of the patient do faithfully and intelligently carry out the instructions which they in all cases receive from the Sanitary Authorities, as well as from their own medical attendant, adequate and effective isolation is secured, and the spread of the disease arrested, whilst in other cases, where equal facilities exist, intercommunication is permitted between the patient and persons from without, especially where the case has been a mild one, and, as in Scarlet Fever, the infective period is so long continued after the disappearance of all serious symptoms on the part of the patient. This difficulty is one that has been very widely felt in other districts, and it is the general opinion of Medical Officers of Health, and others engaged in public health administration, that the provision of the Act can only apply in practice to common lodging houses, or to cases where one room is occupied by more than one family, or in the very worst cases in private houses where the Medical Practitioner certifying can fairly say that under no circumstances and with no amount of care is isolation possible in the patient's own home. There are, however, a large residuum of cases in which such a certificate could not properly be given, and yet in which there could be no doubt that removal of the patient to Hospital is the safest and best course for all concerned, and it would be a great advance if, in such cases, compulsory removal were applicable on medical certificate that the means of isolation at home were inadequate. It sometimes happens, also, that the amount of Hospital accommodation at our disposal, or the circumstances of the outbreak itself, must be taken into account in judging of the propriety of insisting upon the removal of patients, for where a large number of cases are almost simultaneously notified from the same neighbourhood, and it appears that the disease has been prevalent in a mild and undetected form for sometime previously, the resources of the Hospital would be altogether insufficient for the accommodation of all the cases that are still in an infectious condition, and under these circumstances the popular objection to removal is intensified by the feeling on the part of the patients or their friends that removal to Hospital is in their case no more

necessary than in the case of others who have recovered at home, and considering this objection, and the fact that at best we could not possibly remove all the cases, it remains only to select for removal those which, from the nature of their accommodation at home, or from the large number of persons in the house, seem specially liable to spread the infection, and to allow the remaining cases to be treated at their own homes, as well as circumstances permit, giving instructions to those in charge of the patient as to the best means of avoiding the conveyance of infection, prohibiting attendance at school of children from infected houses, and generally securing as much isolation as possible, supplying the necessary disinfectants with instructions for their use, and after the termination of the case, thoroughly disinfecting the house.

The other cases notified under the Infectious Disease (Notification) Act during the year were one of Diphtheria, two of Croup, five of Enteric Fever, one of Puerperal Fever, and seven of Erysipelas. Three of the cases of Enteric Fever occurred in one house at Winder Ghyll. When the first case occurred I visited the patient, at the request of the medical man in attendance, and advised her immediate removal to Hospital, as there was no possibility of isolation in her own home. As this course was at first objected to by the mother of the patient, a Magistrate's order was obtained and the patient removed to Gale-mire Hospital. The sister and father of the first patient were subsequently attacked by the disease, and were also removed to Hospital. On inspection of the surroundings of the cottages at Winder Ghyll, I found that the privies, of which there are four for eleven houses, were in a very dirty and dilapidated condition, and the drains were also very foul. The danger arising from improper disposal of excreta in the immediate vicinity of dwellings is an ever recurring one where the tenants of several houses have only one privy in common. In this case the water supply was good, and there was ample space for the provision of privies, but as so often happens, where one privy has to serve for two or more houses, the tenants cannot agree as to the cleaning of them, and consequently they become foul and are disused; human excreta, as well as other objectionable refuse, being thrown into drains unsuitable, and never intended for the purpose, creating a

nuisance of the most dangerous and injurious kind. The drains were at once cleaned and put in a more satisfactory condition, and, on the resolution of the Rural District Council, notice was served upon the owner of the cottages to provide separate privy accommodation for each house. One case of Enteric Fever occurred at Wasdale, and was clearly an imported case, the patient having been ill before coming to the district, and the Sanitary condition of the house, which is a perfectly isolated one, being satisfactory. One case also occurred at Hardheads, in the Parish of St. John, and appeared to be due to the patient drinking polluted water whilst at work, and not to any insanitary condition about his home.

Table VIII. shews the distribution of the cases of infectious disease in different parts of the district.

In October a representation was made to the Rural District Council by the Parish Council of St. John, Beckermeth, that the portion of the village of Beckermeth, situated in the Parish of St. John, was insufficiently supplied with water, and that the water supply of the village generally, which embraces also portions of the Parishes of St. Bridget and Haile, was deficient in quantity and defective in quality, and asking the District Council to take steps to provide a better supply for the village. This representation was referred for the consideration of the Parish Councils of St. Bridget and Haile, and the Surveyor, the Sanitary Inspector, and myself, were instructed in the meantime to report on the existing supply of the village. We accordingly reported, under date October 27th, that “there are
 “in the village eighty houses, thirty-two of these being in the
 “Parish of St. John, forty-two in the Parish of St. Bridget, and
 “six in the Parish of Haile. Twelve houses in the Parish of St.
 “John have no other supply than the public well known as
 “the Church Well, fifteen have wells, and the remaining five
 “have no wells of their own, but obtain their water supply from
 “neighbouring houses belonging to the same owners. Four of these
 “wells give out in dry weather. In five cases the wells are so
 “situated as to be obviously liable to the risk of pollution by
 “organic matter, whilst others are not above suspicion of the

“same risk. The waters are generally hard. In the Parish of
 “St. Bridget sixteen houses have no water supply of their own,
 “and obtain their water from the Church Well or from their
 “neighbours, having in many cases to go a distance of between
 “three and four hundred yards for the purpose. Nine houses
 “have wells of their own, whilst five other wells supply two, three
 “or four houses each. Some of these wells give out in dry
 “weather, and the tenants have then to have recourse to the
 “Church Well. The water in most, if not in all, of the wells in
 “St. Bridget’s parish is extremely hard, so that the tenants in
 “some cases prefer to go even the long distances above mentioned
 “to the Church Well for water for domestic purposes rather than
 “use the water from their own wells. Of the six houses in the
 “Parish of Haile, two have a supply of their own, three go to
 “the Church Well, and the remaining house depends upon its
 “neighbours. The water supply of the village cannot therefore
 “be considered satisfactory, the private supplies being for the
 “most part very hard, in some cases open to serious risk of
 “organic pollution, and in others failing entirely in dry seasons.
 “The Church Well, even if in other respects suitable, is too re-
 “mote from many of the houses for which it constitutes the
 “only supply.”

We subsequently, under date November 11th, submitted to
 the Rural District Council a list of the houses having no supply
 of their own, or a defective supply, with the name of the owner
 in each case, and the Council directed notices to be served under
 the Public Health (Water) Act, 1878, on the owners to provide
 an adequate supply of pure water within a period of three months.
 Replies have been received in some cases stating that the owners
 consider their present supply sufficient, in other cases stating that
 an adequate supply of pure water cannot be provided by the owner
 “at reasonable cost” as defined by the Act. These replies have
 been filed that they may all be considered together at the
 expiration of the three months.

On the 7th April a Public Enquiry was held at Distington
 by W. O. E. Meade-King, Esq., M. Inst. C. E., concerning the
 proposal of the District Council to borrow the sum of £1,300 for

works of Sewerage and Sewage disposal at Distington, when the plans, referred to in my last Annual Report as having been approved of by the District Council, were submitted and considered. The Local Government Board have expressed their approval of the plans, subject to the provision of two acres more land for the outfall than is shown in the plans, and the Surveyor has received instructions to ascertain by bore-holes the nature of the adjacent land which is available, so that this scheme, the necessity for which I first pointed out in my Annual Report for the year 1892, seems now, after a chequered career, to be within measurable distance of being carried into effect.

An enquiry was also held respecting the application to borrow the sum of £280 for improving the water supply of Howgate, and the sanction of the Local Government Board obtained.

The water supply of Moresby Terrace, Parton, having been found to be polluted owing to the entrance of surface water, the Surveyor was instructed by the District Council to carry out the work necessary to provide for obtaining the spring water in a state of purity without allowing surface water to enter.

A nuisance of long standing at Seascale, caused by Sewage from Scale Villas and some farm houses being discharged into a stream which crosses the high road near dwelling houses, has been partially abated, under an agreement between the Rural District Council and the Furness Railway Company, and the contract for the remainder of the work necessary to entirely abate it has been let. I would urge that the work be completed as early as possible.

All parts of the district have been visited from time to time during the year by the Sanitary Inspector and myself, and a large number of minor insanitary conditions, constituting or likely to become nuisances injurious to health, have been remedied.

I am, Gentlemen,

Yours obediently,

J. B. FISHER,

Medical Officer of Health.

TABLE I.—BIRTHS.

Sub-District of Harrington	...	...	...	218
„ Egremont	...	...	...	60
„ St. Bees	...	...	132	146
„ Workhouse	...	...	14	
Total	...	...	...	424

COMPARISON WITH TEN PREVIOUS YEARS.

	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897
Per 1000 per an.	31·90	33·19	32·42	32·52	32·38	31·72	29·33	30·86	27·2	25·61	27·35

TABLE II.—DEATHS AT ALL AGES.

Sub-District of Harrington	...	...	...	92
„ Egremont	...	...	...	37
„ St. Bees	...	...	46	93
„ Workhouse	...	...	45	
„ Galemire Hospital	...	...	2	
Total	...	...	...	222

COMPARISON WITH TEN PREVIOUS YEARS.

	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897
Per 1000 per an.	17·98	16·70	18·24	17·52	20·72	14·63	16·09	15·66	17·6	16·64	14·32

TABLE III.—DEATHS OF INFANTS UNDER ONE YEAR OF AGE.

Sub-District of Harrington	...	...	...	24
„ Egremont	...	...	...	8
„ St. Bees	...	...	12	15
„ Workhouse	...	...	3	
Total	...	...	...	47

COMPARISON WITH TEN PREVIOUS YEARS.

	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897
Per 1000 per an.	3·76	3·19	4·27	3·29	4·23	3·17	3·57	2·13	3·13	3·87	3·03

1894.—Infant Death-rate per 1000 Births registered	...	69·11
1895.—	„	115·19
1896.—	„	146·7
1897.—	„	110·84

TABLE IV.—DEATHS UNDER FIVE YEARS OF AGE.

Sub District of Harrington	...	...	...	39
„ Egremont	...	...	...	10
„ St. Bees	...	...	15	18
„ Workhouse	...	...	3	
Total	..	...	...	67

COMPARISON WITH TEN PREVIOUS YEARS.

Per 1000 per an.	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897
	6.9	4.94	6.75	4.79	7.15	4.10	5.23	3.53	5.8	6.19	4.32

TABLE V.—DEATHS OF PERSONS OVER SIXTY-FIVE YEARS OF AGE.

Sub-District of Harrington	...	...	...	13
„ Egremont	...	...	...	18
„ St. Bees	...	...	16	36
„ Workhouse	..	..	20	
Total	...	...	..	67

Senile Death-rate per 1000 per annum, 4.32.

COMPARISON WITH FIVE PREVIOUS YEARS.

Per 1000 per an.	1892	1893	1894	1895	1896	1897
	4.96	5.16	5.93	5.73	4.19	4.32

TABLE VI.—DEATHS FROM PRINCIPAL ZYMOTIC DISEASES IN 1897.

Smallpox	...	...	...	0
Scarlet Fever	..	...	...	5
Diphtheria	.	...	...	0
Measles	...	...	...	0
Whooping Cough	...	...	...	6
Typhoid (Enteric)	...	...	...	0
Typhus	...	...	...	0
Diarrhoea	...	...	...	1
Puerperal Fever	...	...	...	1
Total	...	...	...	13

COMPARISON WITH TEN PREVIOUS YEARS.

Per 1000 per an.	1887	1888	1889	1890	1891	1892	1893	1894	1895	1896	1897
	2.01	1.54	1.49	1.03	1.45	0.52	0.99	1.33	3.0	1.61	0.83

TABLE VII.—SHEWING THE OTHER CAUSES OF
DEATH IN 1897.

Erysipelas	...	...	...	...	...	1
Phthisis	...	...	...	...	...	9
Bronchitis, Pneumonia, and Pleurisy	...	...	...	...	...	32
Heart Disease	...	...	...	...	...	15
Injuries	...	...	...	...	...	14
All other Diseases	...	...	...	...	...	138
						209
Zymotic Diseases, as above	...	...	...	...	...	13
Total Deaths in 1897						222

TABLE VIII.

NOTIFICATIONS OF INFECTIOUS DISEASES IN 1897,
shewing the Localities in which the cases occurred.

LOCALITY.	Scarlet Fever.	Diph- theria.	Croup.	Enteric Fever.	Puerperal Fever.	Erysipelas	TOTAL.
Bankend ...	3	...	...	...	...	...	3
Distington ...	1	1	...	...	...	...	2
Eskett ...	...	...	...	...	...	1	1
Gosforth ...	2	...	...	...	...	...	2
Haile ...	...	...	...	...	...	1	1
Hensingham ...	2	...	...	...	...	1	3
Lamplugh ...	...	...	...	3	...	...	3
Moresby ...	26	...	...	...	...	...	26
Parton ...	29	...	...	...	...	...	29
Pica ...	2	...	...	...	...	...	2
Ponsonby ...	3	...	...	...	...	...	3
Preston Quarter	1	...	...	...	...	...	1
Sandwith...	12	...	...	...	1	...	13
St. Bees ...	1	...	1	...	...	2	4
St. John's ...	...	...	1	1	...	...	2
Wasdale ...	...	...	...	1	...	...	1
Workhouse ...	6	...	...	...	...	2	8
Total ...	88	1	2	5	1	7	104

TABLE IX.

TABLE OF DEATHS during the year 1897, in the Whitehaven Rural Council District; classified according to Diseases, Ages, and Localities.

Names of Localities.	Mortality from all causes, at subjoined ages.							Under 5 upwards	Mortality from subjoined causes, distinguishing deaths of Children under Five Years of Age.																					
	At all Ages.	Under 1 Year.	1 and under 5.	5 and under 15.	15 and under 25.	25 and under 65.	65 and upwards.		Fever.																					
									Smallpox.	Scarlatina.	Diphtheria.	Membranous Croup.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Measles.	Whooping Cough.	Diarrhoea and Dysentery.	Rheumatic Fever.	Phtisis.	Bronchitis, Pneumonia and Pleurisy.	Heart Disease.	Injuries.	All Other Diseases.	Total.	
Harrington ...	92	24	15	7	6	27	13	Under 5.....	1	..	..	..	..	..	..	..	..	..	..	6	..	..	..	..	5	5	2	24	39	
Egremont (Rural) ...	37	8	2	...	2	7	18	Under 5.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	..	3	3	..	9	34	53	
St. Bees ...	46	12	3	2	2	11	16	Under 5.....	..	..	..	..	..	..	..	..	1	..	..	..	..	..	3	3	..	3	20	27	10	
Workhouse ...	45	3	...	2	1	19	20	Under 5.....	..	..	..	..	..	..	..	..	1	..	..	..	1	1	5	6	4	2	11	11	15	31
Galemire Hospital ..	2	...	...	2	...	..	..	Under 5.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	9	1	2	2	27	2	42	3
Totals ...	222	47	20	13	11	64	67	Under 5.....	1	..	..	..	..	..	..	..	1	..	..	6	..	..	11	15	3	46	92	67	155	
Deaths occurring within the district among persons not belonging thereto, i.e., in Workhouse and Galemire Hospital.	43	4	...	4	1	18	16	Under 5.....	2	..	..	..	..	..	..	..	..	..	..	..	..	..	9	1	2	23	4	39		

TABLE X.

TABLE OF POPULATION, BIRTHS, AND OF NEW CASES OF INFECTIOUS SICKNESS, coming to the knowledge of the Medical Officer of Health, during the year 1897, in the Whitehaven Rural Council District; classified according to Diseases, Ages, and Localities.

Names of Localities.	Population at all Ages.		Registered Births.	New Cases of Sickness in each Locality, coming to the know- ledge of the Medical Officer of Health.														Number of such Cases Removed from their Homes in the several Localities for Treatment in Isolation Hospital.													
	Census, 1891	Estimated to middle of 1897.									Fever.							Fever.							Fever.						
				Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.	Smallpox.	Scarlatina.	Diphtheria.	Membranous Group.	Typhus.	Enteric or Typhoid.	Continued.	Relapsing.	Puerperal.	Cholera.	Erysipelas.						
Harrington	6440	6560	218	Under 5.....	23	1	1	...	3	1	...	4	3						
Egremont (Rural)...	3099	3200	60	Under 5.....	35	...	1	...	2	...	...	...	...	1	...	...	...	...	...	...	...	...	...	...
St. Bees (H)	5532	5640	132	Under 5.....	7	...	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Workhouse	...	...	14	Under 5.....	12	...	...	...	...	...	...	...	...	3	...	5	...	...	...	...	...	...	...	...
				Under 5.....	5	...	...	...	...	...	...	...	...	2	...	1	...	...	...	...	...	...	...	...
				Under 5.....	1	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Totals	15071	15500	424	Under 5.....	35	1	2	...	5	...	...	...	...	7	...	53	...	...	...	5	...	...	...	...			
				Under 5.....	53	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Notification of Infectious Disease has been compulsory in the district since 1st December, 1889.

The Isolation Hospital is the "Galemiere Hospital for Infectious Diseases," situated in the

St. Bees Sub-district.

The Area of the District is 75,462 Acres.

